

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

MAY 07, 2014

02:55 PM

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-14-038489

1. NAME OF CHILD		(First, Middle, Last) Blima Felberbaum			
2. SEX	3a. NUMBER DELIVERED of this pregnancy	4a. DATE OF CHILD'S BIRTH	4b. Time		
Female	1	May 01, 2014	10:36	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address)			
	Manhattan	The Mount Sinai Hospital			
5c. TYPE OF PLACE	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other-specify: _____				
6a. MOTHER/PARENT'S NAME (Prior to first marriage)		6b. MOTHER/PARENT'S DATE OF BIRTH		6c. MOTHER/PARENT'S BIRTHPLACE	
(First, Middle, Last) SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F Peri Horovitz		(Month) (Day) (Year - yyyy) 01 / 07 / 1984		City & State or foreign country Israel	
7. MOTHER/PARENT'S USUAL RESIDENCE		7c. City or town	7d. Street and number	7e. Inside city limits of 7c?	
a. State NY b. County Rockland		Monsey	185 Park Lane	10952	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8a. FATHER/PARENT'S NAME (Prior to first marriage)		8b. FATHER/PARENT'S DATE OF BIRTH		8c. FATHER/PARENT'S BIRTHPLACE	
(First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F Jacob Felberbaum		(Month) (Day) (Year - yyyy) 01 / 18 / 1984		City & State or foreign country Brooklyn, NY	
9a. NAME OF ATTENDANT AT DELIVERY		No Correction History.			
Victor M. Grazi		<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____			
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN		<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____			
Signed <u>Anastasia Stekas</u> Signature Electronically Authenticated					
Name of Signer <u>Anastasia Stekas</u> (Type or Print)					
Address <u>One Gustave L. Levy Place New York, New York 10029</u>					
Date Signed <u>May 07</u> Year - yyyy <u>2014</u>					

Mother/Parent's Current (First, Middle, Last)	
Legal Name	Peri Felberbaum
Address	185 Park Lane Apt. ****
City	Monsey State NY ZIP 10952

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.

Bill de Blasio

MAYOR

Wang J. Borzetta

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

John P. Egan

CITY REGISTRAR

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May 9, 2014

